Long Term Care Covid-19 Commission

Meeting with the Medical Officer of Health
on Friday, October 9, 2020

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MEETING OF THE LONG-TERM CARE COVID-19 COMMISSION

--- Held via Zoom, with all participants attending remotely, on the 9th day of October, 2020, 9:00 a.m. to 10:00 a.m.

BEFORE:

The Honourable Frank N. Marrocco, Lead Commissioner
Angela Coke, Commissioner
Dr. Jack Kitts, Commissioner

PRESENTERS:
Rosana Salvaterra, Medical Officer of Health for Peterborough Public Health

Patti Fitzgerald, Manager, Infectious Disease Program at Peterborough Public Health

PARTICIPANTS:

Alison Drummond, Assistant Deputy Minister, Long-Term Care Commission Secretariat
Dawn Polik Mahoney,
John Callaghan, Long-Term Care Commission Secretariat
Dawn Palin Rokosh, Director, Operations, Long-Term Care Commission Secretariat

ALSO PRESENT:
Janet Belma, Stenographer/Transcriptionist

I N D E X

The following list of undertakings, advisements and refusals is meant as a guide only for the assistance of counsel and no other purpose

INDEX OF UNDERTAKINGS

The questions/requests undertaken are noted by U/T and appear on the following pages: 13, 22, 25, 26, 45

INDEX OF ADVISEMENTS

The questions/requests taken under advisement are noted by U/A and appear on the following pages: None

INDEX OF REFUSALS

The questions/requests refused are noted by R/F and appear on the following pages: None

-- Upon commencing at 9:00 a.m.

COMMISSIONER FRANK MARROCCO (CHAIR): So do you know -- did you meet Commissioner Angela Coke --

COMMISSIONER ANGELA COKE: Good morning.

COMMISSIONER FRANK MARROCCO (CHAIR): -- and Commissioner Jack Kitts?

ROSANA SALVATERRA: Hello.

COMMISSIONER FRANK MARROCCO (CHAIR): So the three of us are the Commission.

ROSANA SALVATERRA: Okay.

COMMISSIONER FRANK MARROCCO (CHAIR): And are you -- are you waiting for anybody else?

ROSANA SALVATERRA: No.

COMMISSIONER FRANK MARROCCO (CHAIR): Okay.

ROSANA SALVATERRA: We -- it's just the two of us. Patti Fitzgerald is our --

COMMISSIONER FRANK MARROCCO (CHAIR): Hello. Hello, Ms. Fitzgerald.

ROSANA SALVATERRA: She's our manager of infectious diseases, and she's actually become our COVID manager given that COVID is now a program for us, and she has the depth of experience with

our long-term care partners because Patti actually helps them mend their outbreaks. So I thought it would be really helpful to have both a high-level, that's me, as well as the on-the-ground, you know, the eyes and the -- and the ears of Peterborough Public Health, so Patti's going to provide that perspective.

COMMISSIONER FRANK MARROCCO (CHAIR): Okay. Well, so let me tell you, sort of, just give you some idea of where we are in our -- the way we're approaching it. You know, typically, when there's a commission created, it is looking back at something that happened, and it's trying to explain what happened to the public.

And it does that usually by investigating, holding hearings, and writing a report, and that process can take two years by the time you assemble all the documents, figure out what you want to have hearings about and then write your report.

It doesn't work so well. That process, the traditional process doesn't work so well for us because we've been created, if you like, in the middle of something. It isn't -- it isn't over yet.

ROSANA SALVATERRA: M-hm.

COMMISSIONER FRANK MARROCCO (CHAIR): And so we feel that, really, there's not much of a playbook. Maybe the SARS inquiry is close, but there's not much of a playbook for us, so what we thought we would do is focus early on recommendations that we might forward to the Minister, and then we'll have the luxury of, perhaps, taking a more extended look at what happened in Wave 1.

So that's where -- that's where we're coming from, and naturally, we'd be interested in any suggestions about what we might do -- or what the government might do better or the Minister might do better going forward so that we can at least lend -- at least lend our support to something like that if it commends itself to us, so that's in a long-winded way of where --

ROSANA SALVATERRA: Sorry. Sorry. You're breaking up. I'm afraid the audio was breaking up a bit. I don't know if it was just me. I can turn my camera off if that helps.

COMMISSIONER FRANK MARROCCO (CHAIR): No. I think -- can you hear me now?

ROSANA SALVATERRA: Yes.

COMMISSIONER FRANK MARROCCO (CHAIR): Yes. So I had -- I don't know where I broke up, but I was just saying that our focus right now is to try to find some intelligent things to say to the Minister in short order, and then we will have the luxury of looking back at Wave 1 if in any way we choose to but not with the pressure of Wave 2 or Wave 3. We'll at least have reported --

ROSANA SALVATERRA: M-hm.

COMMISSIONER FRANK MARROCCO (CHAIR): -- in terms of recommendations. So that's what we're -- that's kind of the position we're in as we sit here.

ROSANA SALVATERRA: M-hm.

COMMISSIONER FRANK MARROCCO (CHAIR): And we'd be -- any assistance you can give us would be very much appreciated.

ROSANA SALVATERRA: Sure. Sure. Well, we are -- we were very happy to be invited to speak with you this morning. And we do have -- we went through the questions, and we appreciated the opportunity with Alison just to make sure we were oriented and understood and had those questions ahead of time. So Patti and I have prepared some comments --

COMMISSIONER FRANK MARROCCO (CHAIR): Sure.

ROSANA SALVATERRA: -- based on those questions that we were provided. And at the end, we would like to send our written submission, and we have -- we have the -- Janet's email, so we'll do that.

And my apologies. With the busyness of COVID, we would have preferred to have sent this to you earlier, but it's been a work in progress for us, and we wanted to make --

COMMISSIONER FRANK MARROCCO (CHAIR): Oh, that's fine.

ROSANA SALVATERRA: -- sure that we had a chance to reflect because it is a challenge in the midst of all this busyness to reflect on the past and ensure that we are providing you with our sound recommendations from our perspective which was very much -- which was limited because -- and just so to begin, let -- I want you to understand what is the Peterborough lens or perspective that we bring to this.

Peterborough Public Health and Peterborough Public Health Unit serves a population of just under 140,000 people in a relatively small,

cohesive part of the province. Our geographic boundaries follow the boundaries of the County of Peterborough, and within it are also the -- we serve the communities of the City of Peterborough and two First Nations. And the geographic, the square kilometers is just under 4,000 square kilometers, so a relatively small, cohesive community.

In our community, we have eight long-term care homes, and for a total --

And, Patti, I did the math. You provided me with the numbers -- 1,111 beds in those eight long-term care homes. We also have 11 registered retirement homes and with almost the same number of beds.

So our long-term care population is pretty much evenly divided between the long-term care homes and the retirement homes, and then in addition to that, we have four congregate settings where -- and some are apartments buildings. Some are unlicensed retirement homes where -- but they are, you know, homes for older adults with a little more independence but definitely in some -- in some ways more risk as well because they don't have that infrastructure that's present in the long-term care

home facilities.

And just over about 23% of our total population is 65 years of age or over, so we have a substantial proportion of our population that is older.

Typically, people -- we have a large seasonal population. They have lake homes. The first retirement is often to the lake home. The second retirement is into a retirement home or a long-term care home here in Peterborough.

And so I think I know that we are not the first Public Health agency that you have been in touch with, and so by now, I think you would have a good understanding of our role as local boards of health.

We have an independent autonomous board of health here in Peterborough, unlike Durham or unlike Ottawa, I know you had conversations with the MOHs there last week. I'm not sure this week if you've had any conversations with autonomous boards of health.

Our board consists of elected representatives from our First Nations, our County and our City as well as Provincial appointees, and we operate under the legislative authority of the

Health Protection Promotion Act. The mandate is prescribed in Section 5 of the Act, and that is supplemented with the Ontario Public Health standards. And within those standards and primarily within the infectious disease and prevention of communicable disease standard are the protocols. And we -- and Patti, especially, use these as tools, and the Institutional Facility Outbreak Management protocol is what governs the work we do with our long-term care partners.

I'm just -- I'm going to pause just for a moment just to see whether you have any questions about the role of Public Health in -- with long-term care sector partners.

COMMISSIONER FRANK MARROCCO (CHAIR): We probably do.

Dr. Kitts? You're on.

COMMISSIONER JACK KITTS: Yes, I'm just going to ask a question about leadership. You referred to the legislative. So when coronavirus comes into your community --

ROSANA SALVATERRA: M-hm.

COMMISSIONER JACK KITTS: -- and you recognize that this is a danger to everybody, are you the leader? Are you the one that takes charge

and brings everybody together to be held accountable and have the authority to act? Is that -- is that how it works?

ROSANA SALVATERRA: I certainly believe that with diseases of Public Health significance, yes, the local medical officer of health is responsible for leading the community efforts to ensure that health protection measures are in place and that the public and partners have the information they need to make the decisions they need to make.

COMMISSIONER JACK KITTS: So you would be accountable for ensuring that long-term care homes had the right -- appropriate equipment and things to deal with the pandemic or certainly try to help them to get it?

ROSANA SALVATERRA: Well, we do have requirements under the Institutional Facility Outbreak Management Protocol that speak about assisting long-term care partners.

So, for example, we will assist them with outbreak management. We will -- we will inform them. We will work with as appropriate. That's the kind of language that we have within our protocol, so we don't have the primary

responsibility. We are there more to provide guidance and support.

Patti, would you like to add anything from your perspective?

PATTI FITZGERALD: No. I think you've touched on our role. It is really to provide the guidelines and to -- the consultation to be able to manage the outbreak in a collaborative way.

COMMISSIONER JACK KITTS: And that would include other health care providers in your vicinity as well?

PATTI FITZGERALD: Yes.

COMMISSIONER JACK KITTS: Okay. Thank you.

U/T ROSANA SALVATERRA: So are there any other questions? And I wonder, have you seen -- have you seen this protocol, the Institutional Facility Outbreak Management? Because we can link it in -- to it in our submission so that you can --

COMMISSIONER FRANK MARROCCO (CHAIR): That would be helpful. Why don't we do this: We'll ask -- if you don't mind, we'll just ask questions as we go along, and so if we interrupt, that -- hopefully, that will be okay, and that way, you won't have to be concerned with whether we're

following or whether we want to ask questions. We'll just ask them, and is that all right?

ROSANA SALVATERRA: That's okay. I was going to give an overview of our experience in Wave 1, but if you would prefer to do it with questions --

COMMISSIONER FRANK MARROCCO (CHAIR): No. No. No. What I meant was that if you say something and it prompts a question, then we'll just ask it.

ROSANA SALVATERRA: Okay.

COMMISSIONER FRANK MARROCCO (CHAIR): So please -- don't let me take you out of the -- of the order of what you were planning to do.

ROSANA SALVATERRA: Okay. So I'd like to talk about our -- before I speak about our Wave 1 experience, I'd like to describe so you have a sense of what were our resources. We are a small Public Health agency. We have about 125 full-time staff serving a population of about 140,000.

On the team that was part of the Wave 1 response, you -- we had -- we were the medical officer of health, myself; Patti Fitzgerald, the manager. We had two full-time health promoters working dedicated to the long-term care home

community. And these health promoters facilitated a community of practice that we established and strengthened.

I mean, we've always worked collaboratively with the long-term care sector, but we strengthened it and really created a community of practice early on in the pandemic, and these two health promoters staffed that community of practice and were the -- they were really the lead contacts for us outside of outbreak management.

We also had a .4, so not quite half time, but .4 of a Public Health inspector who did the onsite IPAC assessments, and we used the IPAC checklist that was provided by Public Health Ontario. And so our inspector was able to provide that support to our long-term care partners.

And we had a .4. So, again, not quite half -- a .4 of a full-time nurse, Public Health nurse who was engaged with case and contact management and outbreak management and control with our long-term care partners. And behind the scenes supporting that team, we relied very heavily on the support of Public Health Ontario.

So you probably know that Public Health Ontario has regional IPAC teams, and they also have

a centralized -- an online support to provide us with consultation and inquiry response, education and training supports, online modules, and best practice guidance; so these -- we could not have done our work without the support of Public Health Ontario.

And we are a good-news story in that we had, within that first wave, we had 17 long-term care cases, and I believe we had eight --

Patti, eight outbreaks?

We had eight long-term care outbreaks.

PATTI FITZGERALD: Yes. Sorry. It's actually we had seven total outbreaks but only three were in long-term care homes. The others were retirement and the congregate care, one of the congregate care settings.

ROSANA SALVATERRA: Thank you. I counted the rows incorrectly, so seven total; three were in long-term care homes. The others were in retirement homes and congregate settings. But the majority of our outbreaks had only one case. And we had, I think -- and we had one possible -- or possible death related to our long-term care settings. And I -- and I'm calling it possible. It did -- the coroner did include it, and we count

it. So on record, we have one death.

However, in reviewing the information with that facility, we certainly felt that there was some question as to whether COVID -- how much of a contributing factor COVID was for that death.

So we -- so we, in fact, experienced quite a positive Wave 1 in that we had a minimal number of outbreaks and, certainly, very -- no hospitalizations and only one death.

COMMISSIONER JACK KITTS: Can I just ask a question on that? So you had three outbreaks in three different homes. Was it one case in each -- in each case, in each home?

ROSANA SALVATERRA: Patti.

PATTI FITZGERALD: Yeah, so one of the homes had 14 cases, and the other two just had 1.

COMMISSIONER JACK KITTS: Okay.

PATTI FITZGERALD: And in those, one was a staff, and the other one was a resident.

COMMISSIONER JACK KITTS: Is there any -- okay. So one staff, one resident, and so any secrets to share with us as to how you contained those outbreaks from getting to the extent that some are vis-à-vis -- I don't know -- physical structure, space to isolate, anything you

can help us with that showed good practices kept the outbreak from spreading?

ROSANA SALVATERRA: Well, we can -- maybe, I'll start, Patti, by saying that when we did our first risk assessment in April -- so April 14, we carried out our risk assessment and actually found that many if -- not all, but many of our facilities were low risk, and we had a few that were yellow or moderate.

But we had only one facility that we characterized as a high-risk facility. It did have -- it was -- had C-beds in it.

But, maybe, Patti, can you please elaborate on what we found when we did our risk assessment?

PATTI FITZGERALD: Yes, and actually, the home you're referring to, Rosana, that was the one red long-term care home was the one with the one resident case. They did just an incredible job. We worked very, very closely with that home in particular because previous -- our previous experience with outbreaks with them in the past, like respiratory outbreaks, those tended to go on a long time. And the staff that worked with that facility, we knew that history, and so there was

even more support provided, and the home did an incredible job.

ROSANA SALVATERRA: And by May 20th when we did our second risk assessment, all of our -- all of our long-term care homes were low risk, so they were all able to make improvements and meet the criteria for low risk.

COMMISSIONER JACK KITTS: So Public Health working directly with the long-term care homes mitigated the spread and prevented further.

Did you involve any other partners like hospitals or anything in helping?

PATTI FITZGERALD: Yes. I was going to come back to one of Dr. Salvaterra's comments about the IPAC support because early on, our local hospital actually dispatched their IPAC team. They called facilities directly and asked to come in and provide some -- an IPAC audit and additional IPAC support. And then our Public Health inspectors did a few of them as well, as well as our retirement homes, but in that particular situation, I know that the hospital did get in there very quickly as well. So that, I'm sure, was a factor.

COMMISSIONER JACK KITTS: Thank you.

COMMISSIONER FRANK MARROCCO (CHAIR): Can I just ask, when did you start -- first start to think that the long-term care homes might be at risk from COVID? Can you figure --

ROSANA SALVATERRA: Oh, that was right from the start. I mean, when we -- we held our first community meeting with community partners -- so -- in January.

PATTI FITZGERALD: M-hm.

ROSANA SALVATERRA: And we held weekly teleconferences and brought as a way to ensure that everyone was -- had the information that they needed, were able to review their pandemic plans, their continuity contingency plans.

So that work began in January, and we anticipated that the sector would be vulnerable given what we were seeing from internationally and the fact that people over the age of 70 were experiencing higher-case fatality rates, greater levels of morbidity. We identified that this sector, both the institutionalised but also the community independent older adults were going to be more vulnerable, and we flagged that for our community.

COMMISSIONER FRANK MARROCCO (CHAIR):

So in January, when you -- it occurs to you that you might have a problem down the road, what was the first thing -- like, how did you go about dealing with it? Like, can you give me a sense of what the first steps were to --

ROSANA SALVATERRA: Patti, can you recall?

PATTI FITZGERALD: Yes, I do. I have it written down here. Actually, the first thing we did was collected all the information for all the different homes not just -- I mean, we already had information for our long-term care and retirement homes, but the other community partners that Dr. Salvaterra is referring to, other community agencies that support seniors as well.

But then we brought that whole sector together for the first time in a teleconference on March the 23rd, and then following two days later on March 25th was the first meeting of a community of practice specific to the settings that we're talking about today, and those continued on a weekly basis for ten weeks, and they were facilitated by our two liaison staff that Dr. Salvaterra referred to earlier, and we also had Public Health inspector and a nurse from the

infectious disease program would attend as well and answer questions but also talk about challenges, concerns, and reviewing directives, Ministry documents, so that was a really important part of our success.

COMMISSIONER FRANK MARROCCO (CHAIR): And when was the first case approximately?

ROSANA SALVATERRA: It was at St. Joseph (phonetic). Was that March? March --

PATTI FITZGERALD: March 21st, yeah.

COMMISSIONER FRANK MARROCCO (CHAIR): Right.

U/T PATTI FITZGERALD: That's what I'm saying, yeah, but I think they actually -- I can confirm that because I think they were having another respiratory outbreak at the same time.

COMMISSIONER FRANK MARROCCO (CHAIR): Yeah.

PATTI FITZGERALD: But it was -- I mean, these meetings were planned about a week before our first case, though.

COMMISSIONER FRANK MARROCCO (CHAIR): M-hm.

PATTI FITZGERALD: So, yeah.

COMMISSIONER JACK KITTS: It sounds

like your community of practice had a pretty important role. Can you tell me what that is and whether -- because we've heard it in other presentations, and some flip between a community of practice and an Ontario Health team.

Can you tell me what your community practice is and whether it's related to an Ontario Health team?

PATTI FITZGERALD: Oh, it's not related. It's our local community of practice that was just attended by our Public Health staff, and then all of either administrators or DOCs from all our local long-term care homes, retirement homes, and the congregate settings, and then our own staff.

COMMISSIONER JACK KITTS: Okay.

ROSANA SALVATERRA: Yes. So this is work that we facilitate with the long-term care sector. In addition to that community of practice, we did -- for example, I had weekly meetings with our C5 cluster. So Ontario Health, it has a cluster of five hospitals in -- so Peterborough Regional Health Centre is the lead. There are four feeder hospitals spread over two Public Health units, Peterborough Public Health and Haliburton,

Kawartha, Pine Ridge.

And so Peterborough Regional Health Centre facilitated a weekly teleconference with the leads of long-term care, the medical leads, so the physicians; the Central East LHIN which was home care; and then the two medical officers of health.

And so we also met, but that was at a very high level, and there, you know, we dealt with things like admissions, barriers to admissions, PPE, you know, the macro-level kinds of things; whereas Patti and her team were on the ground dealing with the day-to-day -- like, the interpretations of the directives.

And because -- and I'm sure you've heard of this in other consultations, there was very little or no lead time from the actual release of a provincial directive, and -- and the expectation that it would be implemented. And we were often trying to interpret with our partners what it meant. And so that community of practice was where those conversations were occurring.

Correct, Patti?

PATTI FITZGERALD: Absolutely. And I also want to mention, and it is in the information we're sharing, is I participated in a twice weekly

half-hour teleconference with Central East partners where it was facilitated by the Ontario Health, and then it also had hospital representation and Public Health Unit representation at the manager level or director level which was very helpful.

COMMISSIONER JACK KITTS: Thank you.

ROSANA SALVATERRA: I was just going to say that, as part of their work, our staff created -- our staff held a bit of an evaluation of the community of practice and the long-term sector experience with COVID-19. And they have -- they did prepare a lessons-learned report that was provided to our long-term care partners in August.

And in September, we had an abridged version of that report. We shared that with our -- with administrators of local congregate care settings as well so that they could benefit from those lessons learned.

COMMISSIONER FRANK MARROCCO (CHAIR): Can we get a copy of that?

ROSANA SALVATERRA: Patti?

U/T PATTI FITZGERALD: So the original lessons-learned one wasn't a public document. It was shared with just the stakeholders that participated. But -- and because there are -- you

know, facilities are named in there, but I could -- I'd be happy to share the abridged version with all the learnings.

COMMISSIONER FRANK MARROCCO (CHAIR): Well, the abridged version would certainly be a good start, so --

U/T PATTI FITZGERALD: Okay.

COMMISSIONER FRANK MARROCCO (CHAIR): So thank you for that.

ROSANA SALVATERRA: So if we were to -- if Patti and I were to characterize our observations of the work with our facilities during that first wave, we found that there was a rapid response from our facilities that they demonstrated timely compliance with provincial directives and instruction from local -- the local Public Health agency. They were extremely collaborative, and I think that contributed to the success, the local success and that we experienced here in Peterborough with -- really, with minimizing the impact of COVID in these homes.

PATTI FITZGERALD: I just want to comment too. I think a big piece of that is our -- we had a -- historically, we've had a very, very strong working relationship locally with the

long-term care homes, retirement homes, and the congregate settings; so there was already that relationship and trust, so it was -- it was an easy transition.

COMMISSIONER FRANK MARROCCO (CHAIR): So it would seem, then, that in terms of long-term preparedness, establishing these relationships in peace time is -- is extremely -- you know, an extremely important step.

PATTI FITZGERALD: Oh, definitely.

ROSANA SALVATERRA: Definitely. Those relationships work very well for you in -- in non-peace times, and I think as an -- as an example of that, we actually volunteered to go in and do surveillance. So when the province was considering whether or not there should be testing, widespread testing in these facilities to identify asymptomatic infected staff and residents, we actually volunteered to go in and do that surveillance to see what we could find, so we were able to -- because, again, of our strong relationships. I think we made the decision on a Thursday --

PATTI FITZGERALD: M-hm.

ROSANA SALVATERRA -- and we were in on

Saturday.

PATTI FITZGERALD: Yes.

ROSANA SALVATERRA: We were into our long-term care settings with our paramedics, and we went in and did -- we did all of our long-term care homes and our retirement homes. We did a one-pass through and did all the staff and all the residents.

And actually, we -- the results were very encouraging.

Maybe, Patti, you can share what we found when we did that surveillance.

PATTI FITZGERALD: Yeah, one -- one staff in a retirement home, asymptomatic, who we believe was a previous positive, yeah.

ROSANA SALVATERRA: So -- and that certainly gave us confidence that we weren't -- there wasn't transmission occurring, that the Public Health measures and the IPAC measures were working, and so -- and we all -- and so it wasn't -- it was not our experience when this was then mandated by the Province. It was not our experience that there was much value for us in doing this kind of routine surveillance of staff that continues now.

COMMISSIONER JACK KITTS: Just a question. So if, you know, it's widely reported, and we've heard many times here that, you know, insufficient staffing, lack of ability to comply with IPAC measures, insufficient PPE supplies and training, and inadequate testing capacity, those are -- those are four things that have been brought to our attention.

Can you just comment on where you were in terms of each of those four contributing factors?

ROSANA SALVATERRA: Patti, I'm going to turn to you.

PATTI FITZGERALD: Yeah. So the PPE piece, we didn't -- we don't have the ability to directly supply, but we certainly supported and helped them problem solve through their PPE needs until it was -- there was an established way for long-term care homes and retirement homes to acquire what was needed.

As far as testing capacity, within the homes, another thing we did do is we helped to facilitate some training for a couple retirement homes that didn't have staff that had been trained to do nasopharyngeal swabs, so we helped to

facilitate that to just create additional capacity within those homes.

Staffing, we did hear that there were staffing challenges at times, but not that it was -- never that it was a dire -- they were in dire straits.

We do have a couple homes locally that have sister homes. They're owned by the same corporations, and they had -- they got together and did some problem solving around that.

And I'm sorry, I forget what the first one was.

COMMISSIONER FRANK MARROCCO (CHAIR): PPE, testing, capacity --

PATTI FITZGERALD: Yeah, PPE and testing.

COMMISSIONER FRANK MARROCCO (CHAIR): -- staffing.

COMMISSIONER JACK KITTS: IPAC compliance.

COMMISSIONER FRANK MARROCCO (CHAIR): IPAC.

PATTI FITZGERALD: So the IPAC was -- that's where between the hospital and ourselves and then our inspectors that support the homes already,

we just provided information, training videos, mostly from Public Health Ontario. But those were some of the needs that were identified at our community of practice, and then we were able to problem solve with them, provide resources. But once --

ROSANA SALVATERRA: Sorry. Go ahead.

PATTI FITZGERALD: Well, I was just going to say, one really positive experience we had with a local long-term care home is they have a designated IPAC contact.

Now, I don't know her formal education or training in relation to IPAC, but she is their IPAC point person, and even with regular types of outbreaks, they are just -- they are the gold standard, and I really think that's what this sector needs is to have -- you know, I know there's some spoke-and-wheel design.

ROSANA SALVATERRA: Hub-and-spoke.

PATTI FITZGERALD: Hub-and-spoke -- I'm thinking about riding a bike. And I don't know --

COMMISSIONER FRANK MARROCCO (CHAIR): I'm just -- I'm just a sort of simple person. I need somebody to explain it beyond the -- beyond the metaphor.

PATTI FITZGERALD: Please don't put that in the notes, okay? Anyway, but I know that there are some of those things that are being put in place right now which is great for outreach, by I really think the investment needs to be made in house so that training is ongoing because --

ROSANA SALVATERRA: Yeah. Ongoing and onsite, right?

PATTI FITZGERALD: -- you know -- absolutely. Yes.

ROSANA SALVATERRA: And if I can just build on what Patti is saying because we have two recommendations for you, and that is one of our recommendations is that the facilities would benefit from an embedded or dedicated infection, prevention, and control specialist who could oversee their use of personal protective equipment, the training of staff, ensuring compliance within the home, and also act as the point person for outbreak management.

And our second recommendation is linked in that we certainly -- our experience was that Public Health Ontario should be supported in its current role as scientific and technical support and so that they can continue to provide

setting-specific recommendations because the difference between long-term care and hospital -- and not to -- not to disparage our hospital partners because I -- we benefitted from our hospitals' input as well, but these settings are people's homes. They're not -- they're not just an institution. They're also people's homes, and the context is so important.

And so our advice would be -- and we really found that Public Health Ontario was able to address the context. They understood the context and were able to provide us with resources that were setting specific.

We would like to see those regional IPAC teams at Public Health Ontario be resourced so that they can provide onsite support. So if we can't have the dedicated embedded IPAC professional in the home, maybe the home's too small, then have it at the regional level within the Public Health Ontario IPAC team. They have to be able to send somebody there. It's not enough to provide a directive. They need somebody who can understand the operations and meet staff and the residents and work with them to implement it.

We don't have those resources. We

certainly understand. I think Patti has a good sense of when they're needed, and -- but that's -- they need that support right on the front lines.

Would you agree, Patti?

PATTI FITZGERALD: Yes, absolutely.

COMMISSIONER JACK KITTS: Could that support, though, come from the hub-and-spoke where the professional-trained infectious diseases specialist who's in the larger hospitals reach out and so every so often, they meet; they get refreshed; there's a -- one line right to them, and you suddenly have someone in there who is not a fully trained infectious diseases specialist but is linked to one and can get more support if they need but is actually probably, you know, on site. I agree with our notion of onsite as opposed to from afar. Would that work?

ROSANA SALVATERRA: My understanding is that not all of the hub-and-spokes are hospital led. My understanding is that in the North, it's Public Health is engaged with the hub.

COMMISSIONER JACK KITTS: Yes.

ROSANA SALVATERRA: And I'm thinking whoever it is needs to be ensured that the IPAC expertise understands the long-term care setting.

COMMISSIONER JACK KITTS: Yes.

ROSANA SALVATERRA: And whether it's Public Health or it's the hospital, the actual support needs to have expertise in the context.

COMMISSIONER JACK KITTS: Yeah. Yes. I agree that's the spoke.

ROSANA SALVATERRA: Yeah.

COMMISSIONER JACK KITTS: Yeah.

ROSANA SALVATERRA: I mean, going back, looking back at our experience, besides the low incidence of cases, we also had a low number of complaints from families, and the complaints were very much about the restrictions in visiting. And so -- and again, you know, understanding the context when imposing infection prevention control measures is really important.

We had a low number of complaints from staff of long-term care homes, and those focused on the use of PPE, and -- and generally, the -- I think this is not just specific to Peterborough but the concerns of staff about what was the appropriate PPE and were N95 masks needed given their risk. And I know that that conversation has broader implications, but we certainly heard here that was reflected locally.

And then in addition, besides dealing with COVID, we were in there supporting them with their -- you know, their food premise. They operate -- they're feeding people; and so their -- their other infection prevention control issues, their water, I mean, those that are not on municipal water and municipal water and sanitation have their own small drinking-water systems, and we support them with those as well, so the setting is unique, and understanding that setting and supporting it, I think, is paramount.

COMMISSIONER FRANK MARROCCO (CHAIR): Did you -- we've heard a lot about absenteeism at critical moments because -- from the staff, you didn't -- don't seem to have experienced that quite as severely or as others.

Do you have a sense of why or how the staff were dealt with so that that kind of problem didn't present itself in your unit?

ROSANA SALVATERRA: Well, we didn't have many cases in staff, and so there wasn't a need for staff to be at home and on self-isolation. And I think that reflects the baseline incidence rate of Peterborough during the first wave. We had a very low incidence rate for COVID-19, and if you

map us out, and you'll see that we were just on the Eastern border of the GTA.

In fact, because we are an hour and a half from Toronto, we don't have a lot of commuting, or we would have less commuting of our staff from the GTA to Peterborough and from Peterborough to the GTA. We've seen this in other outbreaks; so, for example, in the seasonal influenza, we have had years where you can see outbreaks of influenza all along the 401, but because we are 45 minutes from the 401, we didn't get an outbreak that year. There are years where we do not see the same level of seasonal influenza transmission as some of our partners or our neighbours who are following that 401 corridor.

So potentially, we had the benefit of distance from high-transmission areas and fewer staff who were moving back and forth. But as far as staff absenteeism in general, I don't know.

Patti, do you have anything to add to that?

PATTI FITZGERALD: No. That was never brought up as a concern in the community of practice, you know, because I am aware, too, that in other communities, some people just didn't want

to come to work out of fear, and -- for example, and that wasn't something that I heard locally.

COMMISSIONER FRANK MARROCCO (CHAIR): And why do you -- why do you think you didn't hear it locally?

PATTI FITZGERALD: I don't know that I can answer that.

COMMISSIONER FRANK MARROCCO (CHAIR): Okay. Okay.

COMMISSIONER JACK KITTS: Can I take a stab at it? It's --

PATTI FITZGERALD: Sure.

COMMISSIONER JACK KITTS: So you talked -- you talked about leadership, and you as a Public Health officer provided the leadership for this as ascribed.

You also talked about excellent working relationships with the leaders in the long-term care homes. So my thoughts are that, given the scenario you had, you also had good leadership in your -- each of your long-term care homes. Is that a stretch? Or is that --

PATTI FITZGERALD: Well, yeah, I would have to -- I would have to agree, yeah. They really step -- I mean, a few that -- I think I

referred to one earlier that we were a little concerned about going into COVID, and they did just such an excellent job.

COMMISSIONER JACK KITTS: Thanks.

COMMISSIONER ANGELA COKE: I just wanted to ask, pre-COVID, did your folks have very good and robust, sort of, plans in place, you know, just in terms of being ready? Nobody was prepared for this, but at least they had good robust outbreak plans in advance?

ROSANA SALVATERRA: Yes.

PATTI FITZGERALD: Yes.

ROSANA SALVATERRA: Go ahead, Patti.

PATTI FITZGERALD: Well, just -- yes, so from our experience with the local long-term care homes and retirement homes is with outbreak management for the most part have been very positive except, again, for that one particular facility was one we were quite concerned about, and even though we would work with them, it never seemed to change, and so those outbreaks tended to go on longer than others.

But we saw -- have seen a real change in them, and then -- and just most recently, they experienced another unknown respiratory outbreak,

and again, it was over very timely, and they did an excellent job. That's very reassuring.

ROSANA SALVATERRA: Following the -- or, certainly, as part of our work with the H1N1 pandemic and then in the years following, we had a very active interagency pandemic response partnership. And so we have, over the years, worked with all of our partners to ensure that everyone had a pandemic plan that they were -- they had a business continuity plan.

We've had -- we have held tabletop exercises with partners to ensure that they are aware of some of the issues that arise in a pandemic and had fought their way through it.

So I think that has -- that work, that investment over the past decade since H1N1, I think did help ensure that the sector as a whole was prepared as much as they could be given that this is a coronavirus and not an influenza virus.

COMMISSIONER FRANK MARROCCO (CHAIR): The -- it sounds like the previous experience with infectious diseases, if that's the correct term, sort of cemented the planning or the notion of planning and the notion of a response. And then of course, there's parts of this that couldn't be

anticipated because we've never really seen anything quite like this before.

ROSANA SALVATERRA: Yes, and so, for example, we do annual influenza planning with our long-term care sector. We have -- we hold inservices for them. We monitor, and we reward high rates of staff immunization. So each year, we -- in fact, we're going to our Board of Health next week with our report of last year's staff influenza rates for all of our facilities including our long-term care homes. We publish those, and have, in the past, celebrated those with those facilities that have been able to achieve high rates of staff immunization.

So it's a -- I think the work, the ongoing work we do with influenza and respiratory outbreaks and enteric outbreaks in general did provide a strong foundation for our work in COVID.

COMMISSIONER FRANK MARROCCO (CHAIR): Okay. Is there any mechanism that exists now for you as a local officer to communicate with other local officers and say, look, this is what we're doing here; it seems to be working well? Does any -- or alternatively, does anybody know how to deal with this? Has anybody dealt with this type

of problem? Any -- is there any way of communicating like that?

ROSANA SALVATERRA: Patti, do the managers have opportunities to do that?

PATTI FITZGERALD: Yes, like, the managers that -- other ID managers from other health units, absolutely. We -- especially within the Central East group, we often -- not just related to this sector but lots of other issues were able to have those discussions as needed, but they haven't been focused on long-term care.

ROSANA SALVATERRA: There has been conversation within the council of medical officers of health, so that's COMO. And you spoke with Dr. Vera Etches in Ottawa. I know Vera has been actively pursuing the idea of setting up, sort of, issue-related working groups within COMO so that there -- I personally right now, I chair the work around schools, so school settings, that's the work, and we have a COMO group. We meet weekly. We also meet with our directors of education provincially on a regular basis, every two weeks. I do that work on schools. I know Vera has asked that we have a group, a similar group for long-term care because in the larger Public Health agencies

what often happens is that there may be an associate medical officer of health who focuses in on that sector.

And so within COMO, within the counsel of medical officers of health, there are colleagues of mine where -- whose interests or specialty really resides in this sector.

So there has been talk of it. I don't know if it's actually working or active right now, but it has been acknowledged as something we might get some -- that there would be benefit in doing that within the council.

COMMISSIONER JACK KITTS: Are you -- you're talking about the 34 local Public Health officers getting together as a COMO, and --

ROSANA SALVATERRA: Yes, so we have a council of medical officers of health called COMO for short, and it includes all of the medical officers of health and the associates --

COMMISSIONER JACK KITTS: Okay.

ROSANA SALVATERRA: -- who are employed by boards of health, local boards of health.

COMMISSIONER JACK KITTS: Okay.

ROSANA SALVATERRA: And we are a part of the Provincial Association of Local Boards of

Health call ALPHA.

COMMISSIONER JACK KITTS: Right.

ROSANA SALVATERRA: So ALPHA and COMO are, sort of, the two major sectors in that ALPHA represents boards of health, and COMO represents the medical officers of health.

COMMISSIONER JACK KITTS: And does the Chief Medical Officer of Health for the Province, is he currently part of that COMO?

ROSANA SALVATERRA: He speaks with us, so he will attend our meetings and come -- and provide us updates, but we have our own executives which is made up of regional representation, and our current COMO chair is Dr. Paul Roumeliotis who is the medical officer of health in Eastern Ontario, and that COMO executive changes each year, elected, and works in close -- is closely connected with the Chief Medical Officer of Health and at times have had regular meetings.

I don't know what's happened during COVID, but, certainly, there is a close relationship and connection between COMO and the Office of the Chief Medical Officer of Health.

COMMISSIONER JACK KITTS: Thank you.

COMMISSIONER FRANK MARROCCO (CHAIR):

Okay. So was there something further? Did -- well, I don't think we have any further questions. This was very, very helpful. We're trying to understand places in Ontario where things worked out well in addition to focusing on where things did not work out so well just to give us a kind of a sense of how people successfully dealt with Wave 1 and whether there are lessons learned for -- for going forward, and this has been very helpful to us. And with your permission, we may come back as our thinking gets a little more focused on different aspects of the mandate we have.

U/T ROSANA SALVATERRA: Well, you would be more than welcome to come back. We will very quickly wrap up our written submission and include -- will include that link to our summary of our lessons learned with long-term care, and we'll also include the link to the protocol and get that to Janet today.

COMMISSIONER FRANK MARROCCO (CHAIR): All right. That's great. That will be really helpful. So thank you very much.

ROSANA SALVATERRA: You're very welcome.

PATTI FITZGERALD: Thank you.

ROSANA SALVATERRA: You're doing important work, so thank you very much --

COMMISSIONER FRANK MARROCCO (CHAIR): Thank you.

ROSANA SALVATERRA: -- for being engaged on such an important issue for us.

COMMISSIONER FRANK MARROCCO (CHAIR): Well, nice to meet you both.

ROSANA SALVATERRA: Likewise.

COMMISSIONER FRANK MARROCCO (CHAIR): We'll see you again. Bye-bye.

ROSANA SALVATERRA: Okay.

COMMISSIONER ANGELA COKE: Thank you.

PATTI FITZGERALD: Take care. Bye-bye.

-- Adjourned at 10:00 a.m.

REPORTER'S CERTIFICATE

I, JANET BELMA, CSR, Certified Shorthand Reporter, certify:

That the foregoing proceedings were taken before me at the time and place therein set forth;

That all remarks made at the time were recorded stenographically by me and were thereafter transcribed;

That the foregoing is a true and correct transcript of my shorthand notes so taken.

Dated this 13th day of October, 2020.

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